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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	32209/3
First Named Inventor	Gil Einatan
<b>COMPLETE IF KNOWN</b>	
Application Number	unknown
Filing Date	herewith
Art Unit	unknown
Examiner Name	unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PORTABLE GRAVE TIME CAPSULE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b> J. David Dainow, Esq. <b>AMSTER, ROTHSTEIN &amp; EBENSTEIN</b>			
<b>Address</b> 90 Park Avenue			
<b>City</b> New York	<b>State</b> NY	<b>ZIP</b> 10016	
<b>Country</b> USA	<b>Telephone</b> (212) 697-5995	<b>Fax</b> (212) 286-0854	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Gil (first and middle (if any))		<b>Family Name</b> Elnatan or Surname	
<b>Inventor's Signature</b> 		<b>Date</b> June 13, 2003	
<b>Residence: City</b> New York	<b>State</b> NY	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1675 York Avenue, 21E			
<b>City</b> New York	<b>State</b> NY	<b>ZIP</b> 10128	<b>Country</b> USA
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle (if any))		<b>Family Name</b> or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Gil Elnatan
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	32209/3

I hereby appoint:

☐ Practitioners at Customer Number 
☒ Practitioner(s) named below:
Place Customer  
Number Bar Code  
Label here

Name	Registration No.	Name	Registration No.
Morton Amster	16,677	Anthony F. Lo Cicero	29,403
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel Ebenstein	24,932	Nel M. Zipkin	27,478
Kenneth P. George	30,259	J. David Dainow	22,959
Philip H. Gottfried	25,871		
Abraham Kasdan	32,997		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or Individual Name **J. David Dainow, Esq.**
Address **90 Park Ave.**

Address

City **New York** State **NY** Zip **10016**Country **USA**Telephone **212-697-5995** Fax **212-286-0854**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**Name **Gil Elnatan**Signature Date **June 13, 2003**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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